Delivering Race Equality in Mental Health Care by Building the Capacity of Third Sector Organisations in Greater Manchester

A report from Manchester Alliance for Community Care

www.macc.org.uk

Acknowledgements

We would like to extend our thanks to:

- the Care Services Improvement Partnership for agreeing to fund this project, in particular Manjeet Singh the Race Equality Lead for the North West for her continuing enthusiasm patience and support;

- Paul Ripley and Danny Smith from Manchester Social Media for all the extra help given to carry out filming and editing;

- Helen Nicolson from Herunic Communications for her wise counsel in helping to turn this into a readable document;

- the groups who generously gave up so much of their time to help with this work and;

- the members of the steering group whose valuable advice helped us to focus on the essential issues.

Contents   Page

Introduction

4

In 2007 the Care Services Improvement Partnership (CSIP) commissioned Manchester Alliance for Community Care (MACC) to carry out an enquiry into ways of maximising the contribution of black and minority ethnic community initiatives to the Delivering Race Equality action plan.
MACC believes that the voluntary and community sector has a pivotal role in realising the vision of Delivering Race Equality. In practice, however, this contribution is often undermined by the instability of the sector – and the instability is more acute in the many small local agencies that are working with black and minority ethnic communities. There is a vicious circle of underdeveloped infrastructure and this results in organisations using valuable resources chasing funding at the expense of quality, service delivery and improvement.

Our key finding is that in order to move forward, we must first secure the existing assets: the groups whose existence is under constant threat irrespective of the quality of impact of their activities.

The objective of the work therefore is to build consensus between voluntary and community sector providers of services and statutory commissioners as to an appropriate and sustainable mechanism, which harnesses the unique contribution of the black and minority ethnic voluntary sector in meeting the needs of diverse groups within local communities. Commissioners of mental health services have been involved at key stages. The main outcomes of the work are this report and the accompanying DVD.

The DVD showcases the strength, dynamism and diversity of black and minority ethnic voluntary and community sector organisations and provides a snapshot of the main issues they are facing. It captures the voices of service users themselves, and can be used:

- as a catalyst at public events to stimulate and co-ordinate the action of a range of relevant stakeholders
- as a training resource for commissioners and practitioners.

The report outlines the findings and key messages and draws on these to put forward recommendations for action.

John Butler
Manchester Alliance for Community Care
May 2008

Recommendations

Key recommendations

- Race equality and mental health should be prioritised within the broader health inequalities agenda.

- A multi-agency partnership or network should be created, linked with the Health Commissioning Partnership, to support the development of black community mental health initiatives within the ten boroughs. The new partnership/network should:

  - develop and implement an action plan, both at Greater Manchester and at borough level, to increase capacity and sustainability of Black and minority ethnic voluntary sector activity;
  - work with commissioners of services to ensure that they recognise and support the contribution of voluntary sector groups to meeting the mental health needs of Black and minority ethnic communities and;
  - support and encourage projects within the sector to focus on achieving stability as well as delivering quality services.

- Mechanisms (such as appropriate grant funding) should be retained and developed to sustain the work of those smaller organisations whose value would be undermined by a pressure to grow.

Recommendations for all

- Commit to creating a partnership/network and an action plan for developing the capacity and sustainability of Black community initiatives across Greater Manchester and within the ten boroughs. The action plan should build on existing initiatives such as the Health Commissioning Project and it should aim to:

  - reconcile the mental health needs and priorities identified by people from black & minority ethnic communities with the policy givens that commissioners have to work to;
  - identify a set of mutually agreed outcomes for improved mental health;
  - identify best practice in achieving and measuring progress towards achieving the identified outcomes and;
  - identify and implement ways of promoting significant and sustained

growth of small to medium sized voluntary and community sector providers.

6

Recommendations for local and regional voluntary and community sector infrastructure agencies

- Through the Health Commissioning Project, facilitate the development of a Greater Manchester network of providers working to improve the mental health and well being of black and minority ethnic communities.
- Support alliances between the proposed network, the Community Development Workers and local CVS-type organisations.
- Provide training and support to fledgling services, particularly initiatives led by service users.
- Develop a set of user-friendly tools to enable groups to:
  - show who they are working with;
  - explain what they are doing;
  - demonstrate how their activities improve the mental health and well being of people from Black and minority ethnic communities and;
  - remain accountable to the people that use and fund their services.

Recommendations for individual Primary Care Trusts (PCT's) and the Greater Manchester Association of PCT's

- Prioritise race equality and mental health within the broader Health Inequalities agenda.
- Acknowledge the key role a strong, diverse, sustainable and independent voluntary and community sector can play in delivering race equality, and consider treating this as a specialist commissioning issue.
- Apply flexibility in working across health and local authority commissioning to support and develop the capacity of black and minority ethnic community initiatives.
- Revise existing procedures and establish a mechanism for resolving tensions to enable local commissioners better to nurture and support small locally-based organisations.
- Through the Health Commissioning Project, provide a focus for:
  - engagement of PCT chief executives and directors of finance in this programme of work;
  - engagement of proposed voluntary and community sector providers network;
  - engagement of service users and carers and;

- Identify and promote wider use of existing mechanisms for developing organisational capacity within the voluntary and statutory sector.

Recommendations for black and minority ethnic mental health projects

- Take part in the proposed multi-agency partnership/network to ensure the voice of local projects and users is heard;

- Be prepared to share knowledge and experience of "what works" for the benefit of other projects and new initiatives and;

- Explore the possibility of working in partnership with other organisations by carrying out an assessment of the possible drawbacks and benefits.

...enable local commissioners better to nurture and support small locally-based organisations...

Key Findings from the Launch of the report and the DVD

On 20 May 2008 the DVD was launched at the Zion Arts Centre in Hulme, to an audience which included service users from many of the groups involved in the project, community development workers, and commissioners. This report and its recommendations were accepted and there was support from all present to explore ways of continuing the dialogue and taking action in particular there was agreement that:

- Mental health should be prioritised within the PCTs' broader responsibility to tackle health inequalities. It was noted that this approach has been developed nationally with the absorption of the Commission for Racial Equality into the broader Equalities and Human Rights Commission.

- Chief executives have the power within PCTs therefore it is important that they appreciate the contribution of small local groups to the inequalities agenda and the importance of promoting better engagement with and support for local groups. Good models for communication between local groups and PCTs have been developed in Rochdale and Bolton.

8

However it was also noted that as PCTs are under pressure to deliver on health inequalities there may be a temptation to point to the funding of Community Development Worker posts as having "ticked the box" on race equality.

In particular it was emphasised that CSIP have an important role in influencing the Strategic Health Authorities and PCTs.

- Participants were keen on the idea of using local and regional platforms for sharing the DVD but were not confident that a Greater Manchester wide partnership is an enforceable idea.

- There is a need to emphasise that it is not just about capacity to deliver quality services but also building capacity for people to ask questions and use structures.

- It was noted that commissioners' expectations are often too high as there is a significant gap between where people are and where commissioners want them to be in terms of their interest in and ability to engage in commissioning and planning processes.

- There is a need for improved communication and joint working and a need to reach and secure the support of commissioners to support and nurture small groups in a commissioning environment which favours ever larger organisations.

- Mainstream mental health models are still too euro-centric: commissioners should therefore ensure that services are developed which can respond appropriately to different cultural understandings about mental health

- Local groups working with people from black and minority ethnic communities have developed good ideas about models of service delivery that work.

- That Community Development Workers are best placed to drive this agenda forward on the ground and should use the DVD to take the message to PCTs. At the moment the momentum is with the CDWs but there is a need to act quickly and understand how to use legislative and policy frameworks to advocate for change locally.

- Infrastructure bodies such as Councils for Voluntary Service (CVSs) have a supportive role but there is a need for better co-ordination between infrastructure agencies and of information more generally.

Key Messages

This section of the report sets out the key messages identified during the project, under five headings:

- **national policy and research findings**
- **unmet needs of people from black and minority ethnic communities in Greater Manchester**
- **organisational capacity needs of black community initiatives in Greater Manchester**
- **evaluation**
- **commissioner views**

Taken together, the key message is that there is a clear case for targeting investment to tackle persistent health inequalities by promoting the sustainable growth and improvement of small to medium sized local voluntary and community sector agencies with an additional focus on black community initiatives.

Key messages from national policy and research findings

It is important to recognise that this inquiry into the current state of voluntary and community sector mental health services for black and minority ethnic people in Greater Manchester takes place within a wider national context. Numerous independent reports have highlighted issues and concerns. A few key references are given here.

Health inequalities persist despite the high level of power and resources available to health and local authorities. The Audit Commission Review of Health Inequalities in Greater Manchester sets out the areas that need more attention by PCT's and Local authorities, namely:

- engagement with the voluntary sector;
- improving the knowledge of the barriers facing diverse groups in accessing public services;
- using the advice of public health directors more strategically and collaboratively;
- strengthening the links between public health and commissioning decisions and;
- the limited attention given to mental health and the inequalities that exist in this field.

The "inverse care" law persists whereby those most in need, and in particular

people from black and minority ethnic communities, do not engage with statutory services until it is too late. Dr Kwame McKenzie in his report Being Black in Britain is bad for your mental health, says:

> We have some of the best mental health services in the world but we are nowhere near a cure for psychosis. Where there is no cure, prevention is important, and where there is an increased rate of illness in a group they should be the target for prevention. But we have no prevention strategy.

The Government's response to the independent enquiry into the death of David Bennett was the report Delivering race equality in mental health care an action plan for reform inside and outside services. It says:

> In particular people from African Caribbean communities find that they are more likely to be sectioned or enter [mental health services] via the police and courts and have higher rates of transfer to medium and high secure facilities. They are less likely to get support with social and psychological needs and more likely to get severe and coercive treatments. [Most importantly for the purposes of this work, the report also emphasises] "...inadequate support for black community initiatives."

Key messages on unmet needs of people from black and minority ethnic communities in Greater Manchester

During interviews with numerous service users of mental health groups in Greater Manchester, the following issues emerged, giving a clear picture of unmet needs and gaps in provision:

- People from Black and minority ethnic communities feel that they are not being listened to and that they have insufficient influence;

- Statutory services struggle to engage with or respond appropriately to the different cultural, language and spiritual needs of people from ethnic minority communities;

- The health needs of people from many communities cannot be tackled in isolation from education and employment issues, for example there is a need to address the additional barriers to employment faced by people from black and minority ethnic communities;

- Asylum seekers and refugees face additional barriers arising out of their particular circumstances, which are not shared by the wider population. These barriers act to prevent their inclusion in mainstream society and

undermine their health and wellbeing;

- Hidden abuse such as domestic violence or the financial, verbal or physical abuse of elderly people exists within South Asian communities;

- There is a need to promote greater awareness of mental health as an issue within South Asian communities, with a focus on training for Imams;

- There is a need to sensitively support the involvement of family members in the care of users of mental health services;

- There is a lack of appropriate information and translation and interpretation services for people using health and social care services;

- There is a lack of bi-lingual counselling services and;

- In some communities there is a lack of appropriate space to bring people together.

Key messages about the organisational capacity needs of Black community initiatives in Greater Manchester

The organisations featured in this report are working to relieve the mental and emotional distress experienced by people from different ethnic communities. Here are the most important messages from these groups and organisations about their capacity to provide services to meet these needs:

- A key factor in delivering race equality in mental health and breaking through what the Sainsbury's centre for mental health calls "the circle of fear", is through targeting investment to tackle persistent health inequalities by promoting the sustainable growth and improvement of small to medium sized local voluntary and community sector agencies with an additional focus on Black community initiatives.

- Across Greater Manchester the picture is mixed with each area starting from a different baseline in terms of its capacity for commissioning and provision. There is some highly valued commissioner involvement in some areas.

- There are some excellent services provided by larger agencies with a strong record of partnership working, confidence in managing large contracts, demonstrating evidence of innovation, quality and effectiveness and working across local authority boundaries. However, there can be a glass ceiling which acts to limit their growth and development.

- There are also some excellent but often unstable services provided by small local initiatives that could achieve much more with small scale financial support (such as grant funding to cover volunteer expenses

and the cost of refreshments).

- In many instances the potential to deliver to a wider population is constrained by a lack of suitable accommodation for local services.

- There is a need to ensure that the capacity development role of Community Development Workers complements the work of local Councils for Voluntary Services.

- In some boroughs, funding for capacity support provided by black and minority ethnic community development support within CVS's is at risk.

- Groups also noted that new larger-scale investment is needed for:
  - a frontline workforce to deliver specialised advice services for asylum seekers and refugees;
  - co-ordination of voluntary activity and the recruitment of volunteers;
  - development of partnerships between providers and;
  - targeted capacity development support to enable readiness to be commissioned or to receive grant funding.

...small local initiatives...could achieve much more with small scale financial support...

Key messages on evaluation

The evaluation of services, and their ability to demonstrate how well they are meeting needs, was a recurring theme. Some of the issues raised are:

- The informal nature of drop-in services is highly valued. Care therefore needs to be taken to ensure that attempts to evaluate impact are appropriate and proportionate and do not undermine these qualities;

- While larger groups can clearly demonstrate the outputs and outcomes of their work, smaller groups lack capacity to carry out full evaluation and;

- There is a need for commissioners in local health economies to clarify, through engagement with local communities, what outcomes they want to achieve. This would involve developing some shared priorities to engineer a better fit between national policy requirements and the views of local communities.

Key messages from commissioners

The role of the commissioner is vital, both in financial terms as they have the power to award contracts and in terms of co-ordination and having an overview of what is available in their area. One commissioner with a positive view of the value of the voluntary and community sector commented at length:

> The message for commissioners is that they need to nurture and support some of these small organisations because in many cases they may be the only ones who can effectively meet the needs of their communities.

> Mental health commissioners in PCT's tend to be very busy and have a strong desire to demonstrate contestability. Therefore supporting small organisations can easily slip down the agenda as it is quicker and easier to go for established organisations rather than growing your own. But there is a cost to that: if the same old suspects are winning the tenders then nothing will change.

> As you are starting with such a low baseline, it is possible to do a lot in this area with relatively small investments using a portion of new development monies.

> In Rochdale we recognised that where we were likely to have the biggest impact on early preventative work was in the voluntary and community sector. We therefore made an allocation from the LDP of £100,000 per year to be used to extend, develop and expand the voluntary and community sector each year and we asked the sector where to spend it in achieving our strategic priorities. This has served us well because as well as innovating the voluntary and community sector have been able to match this money pound for pound by drawing in additional resources.

> Most commissioners if honest would say they are not sure where to start with this really. It feels difficult and complex so any steer or tools to show how would be welcome, otherwise it gets put in the "too difficult" box.

> Commissioners are a mixed bunch so the steer needs to come from chief execs and finance directors. There are mixed messages in PCT's that say this is important, but within that this is the really important stuff and until this gets into that category it will be really difficult to get it prioritised within PCT's

The Approach

Evidence was gathered through filming structured interviews with services users and workers from six organisations providing a range of services and in one borough (Tameside) views were recorded from a black and minority ethnic voluntary sector reference group.

Using film proved to be a useful way of engaging with a wider community of users, volunteers and workers in the voluntary and community sector and hearing from people who would not usually engage with commissioning processes.

We asked the groups to describe:

- What needs they are trying to meet?
- How they are responding to those needs?
- How they will know how well they are meeting those needs? What can be measured?
- What do they need to develop their capacity to provide a more effective service?

We worked with groups from seven out of the ten Greater Manchester Boroughs. The groups featured include:

District	Group	Partner
Manchester	African Caribbean Mental Health Services	
Salford	Sareli/UK Salford Refugees Link	
Wigan	Open Door Project	Wigan & Leigh CVS
Rochdale	Deeplish Women's Mental Health Group	Rochdale and District MIND
Bolton	Business Bolton	Wai-Yin
Tameside	Black and Minority Ethnic Voluntary Sector Reference Group	T3SC
Oldham	Coppice Community Centre Drop-in	Oldham PCT CDW's

On the commissioning side, local commissioners of mental health services were engaged in the project through input into the project steering group. The views of a key commissioner were also recorded for the DVD and report.

We also conducted follow up interviews with

- Jeanette Stanley, Director (ACMHS)
- Tricia Hornby, Director (Rochdale & District MIND)
- Yakub Babariya, Outreach Worker (Business Bolton)
- Shakirah Ullah, Development Worker Black and Minority Ethnic Communities (Wigan)
- Hakeel Qureshi, Team Leader (T3SC)
- Barthelemy N'Guessan (Chair Sareli/UK)
- Debra Hewitt, Salford PCT and;
- Members of the Rochdale and District Mind Black and Minority Ethnic Advisory Group.

What this provides is an impressionistic picture rather than an exhaustive analysis.

Nonetheless, we believe this is detailed enough to identify a set of broad principles and a direction of travel.

The Findings

Initially we have summarised some of the key findings by providing an overview of the sector.

16

Subsequently we have grouped the findings to reflect the three different types of activity carried out by the projects featured in the film:

- Drop-in Services for people with common and severe and enduring mental health needs;
- Employment Support Services and;
- Services for Asylum Seekers and Refugees and Economic Migrants

The Tameside Reference Group section also includes comments about a range of unmet needs for which in many instances there are currently no specific services.

Provision…is sparse, often with insecure funding, and sometimes with a lack of understanding of the specific needs of black and minority ethnic communities.

The Findings—Section 1
An Overview of the Sector

The borough of Manchester is the base for a number of well-established medium sized Black and minority ethnic organisations. All of these are currently working in other local authority areas as well as Manchester, and have a track record of working together.

Provision in the other Greater Manchester boroughs is sparse, often with insecure funding, and sometimes with a lack of understanding of the specific needs of black and minority ethnic communities.

The larger agencies are now more confident to bid for and manage large contracts. In the main however, these contracts are designed to meet national policy requirements at tiers 2 & 3.

Underneath this there is a lot of activity which is highly valued by users, carers and frontline workers and while not currently a priority for local commissioners would fit with emerging policy aspirations to create greater choice in the context of a patient led NHS, the move towards personalised care and the shift towards early intervention, mental health promotion and wider policy on community cohesion. Most importantly while not resource intensive it can be very fragile.

> An organisation in one borough was holding drop-in sessions on a Tuesday for Asylum Seekers and Refugees it was run by volunteers but they couldn't get any funding for tea and coffee so it folded.

This activity is targeted at different groups, delivered by small community groups, often in unsuitable premises and largely reliant on volunteers. In many cases these volunteers acting as community leaders are highly motivated and uniquely qualified to do an effective job. However, they also have families to support and career prospects to consider so there is always a risk that the service will fold if they are forced to move on.

> This room is too small for our needs, we need more space and more funding so that more women can attend and to run more activities. It's a service for them — it should provide what they need.
> (Chair, Deeplish Women's Group)

> Current access to rooms is limited so we are unable to respond to the demand for more sessions. (Music Workshop volunteer)

We need a place where people can get together to celebrate and integrate – have to borrow or rent a place and venues are hard to find. (Community leader, Tameside)

This is the only space for Asian Men with mental health needs, it is good but not good enough because of the lack of resources. (Community worker Oldham)

We've got 200 people in the community and it can take up to half a day to explain one letter to one person. Sometimes we can help but we need more help ourselves before we can help more people. We have no paid workers and all our volunteers are from low income families so commitment varies as their priority is to feed themselves and their families. (Volunteer project leader, Salford)

People that are working as a leader in a community need to be encouraged and supported to overcome barriers. Also need financial support if we have highly committed skilled people that are volunteering their services to deliver much needed services – they still have to support their families. (Volunteer and Black and Minority Ethnic Council Member Tameside)

In some cases projects receive additional support from one of the larger providers, from a Community Development Worker or from a specialist Community Development Worker employed through the local Council for Voluntary Services (N.B. These latter posts are currently at risk in Wigan and Salford).

There are some significant constraints on partnership working. For example the relationship between Rochdale & District MIND and Deeplish works well and can be seen as an example of good practice whereby a larger group provides infrastructure support thereby enabling the smaller group to focus on their primary purpose without a need to duplicate an infrastructure that would be inherently weaker.

However where MIND has sought funding from independent sources to support the development of Deeplish they have been turned down. In part because funders see the MIND brand and therefore assume that it is a national organisation or because Rochdale & District MIND is seen as too large/well funded to fit the criteria. This places pressure on Deeplish to seek their own funding; however they lack the capacity and confidence to do this.

Where the support is offered by statutory workers whose posts are not constantly at risk there is greater potential for stability. However in these

cases there are very real difficulties in getting relatively small pots of money to pay for refreshments and to fund activities and yet with a little investment could have a massive impact in sustaining recovery.

> We have the human resources from the voluntary and statutory sectors but there is a need for long-term funding for the costs of running the service or a partner organisation to pick up these costs. (Youth Worker, Oldham)

> The Group is supported by five local professionals – but it is time limited as we all have day jobs (Social Worker, Oldham)

> We need a minibus plus insurance to facilitate more days out.

An important part of the context for this work is the perception amongst people from black and minority ethnic communities that despite the rhetoric and the number of policy initiatives they are not listened to and that services for their communities are not prioritised by health and local authorities.

> We do not trust them – they do not understand us or listen to us. (Service User Manchester)

> You do a lot of awareness raising and help people overcome their fears about the stigma of mental illness and this stigma is a significant issue in black and minority ethnic communities, to encourage them to use services and when finally they go the service is no longer there. Now, what kind of message are we giving to service users?

> Black and minority ethnic activity is only funded for one to two years – then the service gets closed but needs to be reinvented again as the need is still there. For example, mainstream CAMHS service gets continuing funding but the funding for the excellent Black and minority ethnic CAMHS service is short term and coming to an end. (Community Development Worker, Oldham)

> A history of short term funding undermines the credibility of activists within their own communities who work hard to evidence the need and secure funding for services only for them to disappear again before they have had a chance to get going, and as this cycle repeats itself those activists can lose the trust of the people and communities that they are advocating for. (Community Development Worker, Oldham)

There is a lack of appropriate advocacy services and a lack of advocacy in community settings.

The first support I got from them was advocacy they sent a worker onto the ward I would be in hospital from one to six months – they told me as soon as you go in apply for a tribunal. The funding for this advocacy worker was withdrawn by Local Government and the PCT If it wasn't for advocacy I wouldn't be sat here now talking to you. Advocacy is a very important part of services but they won't put the money into voluntary and community sector services to provide it. Where black people are concerned we are getting short changed all the time. (Service User Manchester)

As the following case study shows, support is needed to build on a successful history of partnership working:

Five years ago we set up a partnership with Age Concern, the Pakistani Resource Centre and Trafford Carers Centre to provide culturally appropriate services to older people from black & minority ethnic and indigenous communities in Trafford.

Age Concern managed the finances and we used some of their policies and systems but this was enhanced by the working practices and knowledge of the smaller black & minority ethnic groups.

Through their association with Black & Minority Ethnic groups and access to our working processes Age Concern and the Carers' Centre now have greater credibility with carers from black & minority ethnic communities

SEVA is a partnership between Wai Yin, the Pakistani Resource Centre and the African-Caribbean Mental Health Service to deliver Manchester's Community Development Worker service.

We worked together to plan this for a year so that we were ready when the tender was issued. During this period we learnt more about each other and had time to iron out any differences. We have no formal contract but rely on being very transparent and on demonstrating respect for each others knowledge and expertise in working with our respective communities.

It eliminates competition and allows us to pool our strengths and this is especially important in strengthening the smaller organisations.

Because there are significant benefits for ourselves, for the people who use our services, for communities and for commissioners there

is clearly a case for additional resources to facilitate partnership working.

Where there is a willingness to work together these resources could be used to enable smaller organisations that lack the capacity to engage in partnership development by using consultants to help them to develop the best of what they do and this is important as it is the smaller groups that are often doing the best grass roots work. (Service Director, Manchester/Trafford)

Sometimes we can help but we need more help ourselves before we can help more people.

If it wasn't for advocacy I wouldn't be sat here now talking to you.

22

What needs have you identified?

- The groups had recognised that statutory services struggle to engage with or respond appropriately to the different psychological, emotional, cultural, language and spiritual needs of people from ethnic minority communities.

- Community based advocacy services

- Promote greater awareness of mental health as an issue within South Asian Communities with a particular focus on training for Imams.

- Groups have been challenged by commissioners as to why there is a need for specialist provision. We thought that the following quote responds well to this challenge.

In an environment where the majority of people are of black origin the language and behaviour will be understood and assessed according to a different set of cultural norms; behaviour is less likely to be misinterpreted, any problems will be more apparent and any interventions more appropriate and proportionate. This creates a comfort zone where people can engage in supported learning, where it feels ok to make mistakes where people feel more valued/ understood and somewhere special where people feel they belong. (Service Director Manchester)

How are you responding to those needs?

In summary the drop-in services provide:

- a welcoming friendly safe space to make and keep connections and develop friendships
- emotional and practical support
- choices of recreational and learning opportunities
- what people say they want
- education on mental health for Imams and on cultural awareness for mainstream statutory services.

Case Study: Deeplish Women's Group (Rochdale)

Weekly user led South Asian Women's Drop-in service supported by Rochdale & District MIND Community Development Worker which provides:

- a supportive environment to socialise, learn new skills and develop the confidence and independence needed to manage their own affairs and become more socially included.
- Accessible information to enable self management of physical, social and emotional health problems.
- Access to leisure activities and alternative therapies.

Case Study: Asian Men's Drop-in (Oldham)

Weekly Drop-in for South Asian Men supported by a mix of statutory and voluntary sector practitioners providing:
- centre based activities such as arts, photography and games;
- education about mental health and illness and the effects of medication;
- celebrations of religious festivals - opportunities to socialize and trips out;
- educational support to Imams to address the stigma associated with mental illness and;
- also working with the Mental Health Foundation in piloting a scheme looking at mental health and spirituality and the therapeutic benefits of religious observances such as prayer and ablutions.

Case Study: African and Caribbean Mental Health Services (Manchester & Trafford)

Weekly Culturally appropriate drop-in services supported by a mix of volunteers and paid staff providing:
- A space to socialise; access to culturally appropriate food
- Structured activity around sports, music, arts and computers
- Training in the practical aspects of race culture and mental health and secondments and student placements.

How will you know how well you are meeting those needs?

It was clear from what people said and what we observed during the process of making this film that these services:

- build confidence and self esteem
- create a sense of belonging and independence-
- reduce stress by enabling people to progress at their own pace
- are well used and highly valued by the people using them and;
- can act as both a springboard from which people can engage in mainstream activities and as a continuing source of support.

In particular we were impressed by the quality of mutually respectful relationships between members which helps create a sense of belonging and; which can be more nurturing and supportive than the family life at home and crucially where people live alone.

It would be great if these projects could carry out an effective evaluation but this not possible without additional capacity. However an external evaluation could usefully inform any plans to invest in these services and develop a framework for capturing the outputs and outcomes of this activity.

The informal nature of drop-in services is highly valued, therefore, care needs to be taken to ensure that attempts to evaluate impact are appropriate and proportionate and do not undermine these qualities.

What could be measured?

1. **Engagement**
2. **Changes in body language**
3. **Feedback from families**
4. **Service user involvement**
   Every 3 months we consult users in setting up a programme of activities and evaluate previous programme-but also try to be flexible to take account of day to day needs. (Community Development Worker, Oldham)
5. **Health gain**
   The music arts and sports drop-ins all have therapeutic benefits. In particular the sports drop-in helps to keep people fit and healthy which is important as a lot of people are prescribed medication which leads to weight gain and we have a number of service users with diabetes and high blood pressure. (Project Director, Manchester)

It has been especially important for the women to get information about health promotion delivered in their own language. This has helped the women to manage chronic health conditions and combined with access to leisure facilities has enabled many of the women to lose weight. (Mental health promotion worker Rochdale)

6. **Social Inclusion**

    Low key social groups are not a priority as they are difficult to evaluate, but the members get a lot out of it. It helps to build confidence to go out on their own or with friends from the drop-in - some have been housebound for years. (Development Worker, Rochdale)

    I feel much better now, I have made friends, I feel relaxed, it is nice to talk and learn new things you feel like you belong, like a family. (Service user, Rochdale)

    I feel more confident to ask questions here. It is a good place to make friends. (Service user, Oldham)

    I enjoy the trips out otherwise I would be stuck at home. (Service user, Oldham)

    We are interested in taking part in activities- going out together and having a laugh. (Service user, Oldham)

    If the activity is good then people will come. (Service user, Oldham)

    Having a day off and coming to the music workshop helps a lot with the stress of the job. (Service user Manchester)

7. **Keeping Mentally Active**

    Music is very therapeutic. My psychiatrist has always encouraged me to follow my interest in song writing. It's important to keep active and have something to channel; your mind to. (Service user, Manchester)

    At first I could not say a word I just sat there listening, I was so low key but they persevered. (Service user, Manchester)

8. **Cultural Awareness Training**

    Positive feedback from statutory colleagues about the practical nature of the cultural awareness training provided. (Project Director, Manchester)

What do you need to develop your capacity to provide a more effective service?

To enable the sector to play a full role, it is crucial that it has stable and sustainable funding. We believe that grants alongside contracts, have a crucial role and should be used where they are more appropriate, particularly in relation to small community groups and when building the capacity of voluntary and community sector organisations (Strong and Prosperous Communities, DCLG 2006)

Most groups said there should be greater recognition and resources for this work from central government departments such as the DoH and local policy makers and commissioners.

26

> We are commissioned to provide a number of services but our Drop-ins are not funded. For many of our service users the Thursday social drop-in is the only time they interact with someone from their own community and if they have been in hospital for a long time they can forget their social skills and will have lost friends and family contacts and it may be the only hot or culturally appropriate meal they might have and that should be recognised.

> These services need to be seen as integral to a holistic approach to mental health care. And perhaps most importantly these are the services that are often most valued by the service users and their families yet you have to scrabble around for bits of funding. (Service Director, Manchester)

> We need more resources so that we can do more activities, that's what people want. (Service user, Oldham)

> We need a group worker to support the drop-in, bi lingual counseling, transport, volunteer expenses and better more spacious premises. (User group, Rochdale)

Relatively small investment is needed for running costs to create some stability, improve the quality of the environment and the choice of activities provided by drop-in services. This could be delivered through a programme of grant funding. New investment is needed to:

- co-ordinate voluntary activity and assist with the recruitment retention and support of volunteers;
- support the development of partnerships between providers;
- develop a framework for measuring effectiveness and;
- enable targeted capacity development support

The Findings—Section 3
Employment Support Services

What needs have you identified?

Additional barriers to employment faced by people from Black Minority Ethnic communities.

> Government policy around getting people off benefits and back into work does not take sufficient account of these additional barriers. For example women from the Pakistani community face a complex set of language, cultural and gender barriers to employment.

> Many tend only to get offered and stuck in certain kinds of employment; often with low pay, unsocial hours and poor terms and conditions. Hence there is a need for accessible education to enable people to develop skills which are relevant to the wider range of job opportunities. (Service Manager, Manchester)

How are you responding to those needs?

> Providing a supportive learning environment to develop skills and confidence to secure a job or find a job that is more fulfilling or provides for a better work-life balance. (Project Manager, Manchester)

> We run a group in Cheetham hill which targets women from the Pakistani community. Many women are only able to get permission from the family to attend because it is a women only group- but it is still difficult for them to find work. (Course tutor, Manchester)

> Many want to work but finding work is daunting if English is not your first language and you do not understand the process of applying for jobs. Many lack skills and confidence and have experiences of being put down therefore the focus of the course is on building confidence and self esteem by creating an informal environment where people feel safe to talk about their fears and to take risks. (Course tutor, Bolton)

How will you know how well you are meeting those needs?

Compared with the drop-in services it was easier to measure the outputs and outcomes of this project.

Case Study: Wai Yin and Business Bolton - Progress Employability Project (Manchester, Bolton and Rochdale)

This project was funded by a combination of ESF and LSC money. It was a partnership between four projects

- Wai Yin
- Kashmiri Youth Project
- Inspired Sisters
- Business Bolton (formerly run by a local black and minority ethnic project but has now been absorbed by BCC)

Wai Yin were responsible for overall management in partnership with Job centre Plus. The Project was aimed at all people from Black and minority ethnic communities in Manchester, Bolton and Rochdale in receipt of Job Seeker's Allowance, Income Support or Incapacity Benefit to increase employability through:

- a 13 week programme of work experience
- mutual support
- bilingual support
- preparing CV's
- finding a job
- improving English
- friendly advice
- help with travel and childcare.

(N.B. Inspired Sisters and Kashmiri Youth Project are not featured in the DVD of this project).

For example prior to the project employability service, statistics show that no Chinese people were accessing Job Centre Plus. By comparison 1100 people from Chinese communities had used this service.

In terms of gaining employment it was easy to demonstrate that 78% had gained employment and comparative data was available to show that this was the highest success rate in the country.

Further that this success could be attributed to the fact that the project had adequate resources and capacity for performance management and:
- used staff with relevant ethnic and cultural backgrounds;
- appropriate language skills and knowledge of the external and personal barriers;
- employed people in an outreach capacity and;
- worked sensitively in a person centred way.

"We are able to engage people because we understand the cultural issues and can communicate in a range of community languages- this puts potential clients at ease and makes them feel welcome" (Outreach worker Bolton)

"We know where people are and provide person centered services – we reach out to people and know how to talk to them". (Project Manager Manchester)

What could be measured?

1. **Gaining Employment**
   Increased confidence and belief in achievement, knowledge of the job market and how to apply for a job. (Course Tutor Bolton)
   Learning new skills and securing a job improves self confidence and integration with the wider community. (Course Tutor Manchester

2. **Keeping Mentally Active**
   If I do not come here and just sit at home this effect my mental health- coming here keeps my mind fresh.

What do you need to develop your capacity to provide a more effective service?

The project noted that they are they are now more confident about their ability to bid for and manage large contracts.
This was a three year project and project members were concerned about

the uncertainty of future funding. They noted that as a voluntary sector agency they are used to this level of uncertainty, however the bigger concern was for the greater negative impact on the people that need the services.

30 Ironically despite meeting all of the targets and expectations of the funders - changes to the funding rules by the Department for Works and Pensions means that they will only contract with large private contractors so Wai Yin will be unable to mainstream this service. It is possible that Wai Yin could be sub contracted to continue the service however it is unlikely to be a viable option as the main contractor could top-slice up to 40% of the management charge. This could be a means by which government policy, perhaps inadvertently, places a glass ceiling which prevents the continued growth and development of locally grown organisations like Wai Yin.

"We know where people are and provide person centered services – we reach out to people and know how to talk to them".

What needs have you identified?

Asylum seekers and refugees have needs arising out of their particular circumstances, which are not shared by the wider population. These include:

- **Language and cultural barriers**

  People have all their friends and relatives back home and have old habits of behaviour and they have to rebuild it all again. It is not easy for them to integrate when they face the stress of isolation and language barriers. (Volunteer Project Co-ordinater Salford)

  Commonly language classes are not fit for purpose of integration and are inaccessible for people that are working and for single mothers. (Community Development Worker Wigan)

- **A lack of information and information in appropriate forms**
  A 30 year old man who has never received 15 letters in his life may receive as many in one day from the Home Office, NASS or the health service etc and they are all in English and he is worried because he knows it may be important information that can effect his situation but he does not know what to do. (Volunteer Project leader Salford)

- **Homesickness and social isolation**

  Problems with isolation are commonplace for newly arrived people from Black and minority ethnic communities where they are dispersed in traditionally white boroughs. This sense of isolation is compounded where people are unable to speak English, where there are few translation services; where they are either not made to feel welcome or face active hostility from the media, local councillors, neighbours and strangers in the street. (Community Development Worker, Wigan)

  A local organisation was holding drop-in sessions on a Tuesday for asylum seekers and refugees for tea and conversation. It was run by volunteers but couldn't get any funding for tea and coffee so it folded.

  One man felt suicidal because he had run away from a country that was in ruins and then felt isolated again as soon as he came here because there were no support mechanisms. Yet the project which had folded could have helped.

> Small pots of money can make a big difference. It's all about bringing communities together to help them understand that there are a lot of other people and communities out there that are all struggling alone with the same issues. (Development Worker Tameside)

> First when people come from Africa to England language barriers prevent them from accessing local services as they can't explain what they are feeling and consequently become isolated. Secondly they don't have anywhere of their own to get together. Our office is not big enough to keep people there- they can only come for advice about immigration but we can't provide a social space where they can get a coffee and socialise- it's just an office. When you try to get funding for this it is not easy. Its 5 years since I set up TARA all the time I go to the council to talk about the problem and still I don't have any solution. (Volunteer advice worker, Tameside)

Home Office policies prevent many refugees and asylum seekers from accessing education employment and legal support and force them to move once they have begun to attain some sense of stability. This is compounded by the sometimes-hostile reception from their neighbours, which is constantly reinforced by a largely unsympathetic and ill informed mass media and the closure of statutory services for asylum seekers.

> Last year the home office said there would be no money for asylum seekers in Tameside. A meeting was held here with councillors, housing providers and refugee action- we lost 157 asylum seekers from Tameside to Manchester because the council did not pay the money and the funding for refugee and asylum seekers work was taken over by another area. (Volunteer Advice Worker Tameside)

> The social services induction team for asylum seekers and refugees will close in September 2007 and the multi agency partnership has not met for 3 months due to a lack of direction and confusion about responsibilities. (CDW, Tameside)

Social Services for Asylum Seekers and Refugees in Wigan have also been closed.

How are you responding to those needs?

Case Study: Sareli Refugee Link Project (Salford)
This project has been supported by Salford PCT and through Home Office funding to cover office and running costs. The project aims to provide:

- a welcoming and supportive environment;
- Social events;
- Interpreting and Translation;
- African arts and culture for people from French speaking African communities;
- a Community Reporting Centre where people can get referrals to appropriate health services and report problems anonymously to the police;
- Advise to health and education services on the cultural and specific health needs of French speaking African communities;
- Practical advice on legal and housing issues and immigration support;
- Opportunities for British and African children to come together so that they can learn about the life in Africa;
- Web links to allow children in Africa and Britain to communicate with each other and;
- Cultural summer season where people can come together meet again enjoy themselves and feel free to be welcome in England

Case Study: Open Door Project (Wigan)
Open Door is run by a Committee of volunteers from different communities and is supported by Wigan & Leigh CVS. Like all new organisations Open Door is constantly evolving but in line with current Government thinking on community cohesion its principle aim is to help new arrivals (and not so new arrivals) to find their feet, learn English and integrate faster.

The Project was set up because previous Social Services funded provision was closed down and there is no provision for new immigrant communities. We provide:

- a space to make and keep connections;
- practical support and advice and support with accessing services;
- conversational classes available in the evenings (for those that have to work during the day) to support integration and to complement formal language learning and,
- courses about race and cultural awareness for statutory services.

How will you know how well you are meeting those needs?

Sareli have provided significant benefits for members of their community and through the idea of a community reporting centre have developed what intuitively feels like a good model for providing engagement and access to services for communities with special language, cultural and health issues.

Unfortunately they have no spare capacity to evaluate the impact of their project and we were unable to interview or film the beneficiaries as no events were planned during the process of filming. We had planned to make a film of their programme of summer events held in parks in Salford but unfortunately it rained throughout the summer season last year.

Clearly there would be a value in providing some additional support to enable the project to develop a framework for monitoring and evaluating this work themselves.

The **Open Door** is a new project that was just being launched at the time of filming. They had a strong sense of the needs of their communities however it was too soon to consider an evaluation.

Having said this, the use of conversational classes to complement ESOL classes felt like an appropriate response to an identified need. At a follow up interview the project reported that they had moved to a more central location in Leigh and that the classes were well attended with many people coming directly from their language classes at a local college.

What could be measured?

Sareli identified the following:

1. **Empowerment**
    Some people now know that they have the right to complain if services are not working for them, rather than just avoiding services, now they know they can go to PALS.

2. **Access**
    An example of a refugee who was very sick but scared of anyone in a uniform was helped to access health services.
    The community reporting centre avoids the trouble which can follow if the police are seen at their door and helps overcome fears of based on bad experiences of police and other uniformed officials back home.
    (Volunteer project co-ordinater Salford)

What could be measured?

Open Door identified the following:

1. **Development of communication skills**
   One example of conversation classes being more effective (than just ESOL alone) is legibility – if new arrivals are taught the correct way to pronounce words they are much less likely to develop a 'heavy' accent which will make it easier for them to communicate in both the short and long-term.

2. **Wellbeing**
   These sessions also fulfil another important function in that they are used as a medium to inform new arrivals on 'life in the UK/Wigan' – a type of reverse cultural awareness - whilst learning the language and networking with others who are in a similar position. Delivered as a whole package this can have a significant impact on people's well-being and sense of belonging.

What do you need to develop your capacity to provide a more effective service?

This provision must be long-term and sustainable if it is to have any impact and it is vital that all new-comers have access to English conversation as well as ESOL to enable them to integrate better. A note for those who only speak English – it takes between five to seven years to become fluent in another language.

Need to identify further funding to enable us to run 'family learning' sessions where parents/carers can learn English alongside their children through activities and also learn about the education system in the UK. (Community Development Worker, Wigan)

There is a need to invest in existing resources: in particular we cannot afford to lose existing community development support located in Councils for Voluntary Service.

Relatively small additional investment is needed for running costs to improve the quality of the environment and the choice of activities provided by drop-in services. This would be new investment for:

- creating a frontline workforce to deliver specialised advice services for asylum seekers and refugees.
- co-ordinating voluntary activity and assist with the recruitment retention

and support of volunteers and:
- supporting the development of partnerships between providers
- developing a framework for measuring effectiveness
- enabling targeted capacity development support

36

Support is also needed in accessing suitable space for drop-in services.

The capacity development role of Community Development Workers should be evaluated along with their potential to complement the work of local Councils for Voluntary Services.

Effective mechanisms for stakeholder engagement need to be created to include users, carers, volunteers, frontline staff, managers CVS's CDW's relevant Local Authority departments.

The Findings—Section 5
Tameside BME Voluntary Sector Reference Group

A different approach was taken in Tameside as we had an opportunity to meet with a reference group which is made up of people who have been elected to represent the views of a range of black and minority ethnic community voluntary sector projects in the Tameside Local Strategic Partnership. The group identified and commented on a number of issues:

- **Hidden abuse – such as domestic violence or the financial, verbal or physical abuse of elderly people**

  Our communities (especially older people) are very self conscious and have a lot of dignity- they do not want other people to know how much they are suffering internally within the family. There are cases where young kids are abusing the parent but the parent will not call the police. (Voluntary Project Worker Tameside)

  They don't want to report as the host community will say there is something not right in our community if there are problems with elder abuse or domestic violence- they won't come out and say they will suffer in silence. There can be verbal or financial abuse. That's where communities come into it there is already a lot of trust built so he may be more comfortable to say what is going on whereas it would be difficult to talk about it with an organisation that a person does not know. (Community Development Worker Tameside)

- **Support for informal carers and appropriate involvement in their relatives' care and treatment**

  In this country if you suffer you are the first to know about it, back home your family will know first and will discuss with the doctor when it is best to tell the person- then he will know if he has got cancer or whatever. Family involvement is always there- here it is frustrating when the social worker does not include the family in the assessment process on the grounds of confidentiality. There should be a route where everyone is satisfied. (Community Development Worker Tameside)

  "There is only one group for carers, for 2 hours a week".

- **A lack of appropriate information and translation and interpretation services for people using health and social care services**

- **A lack of appropriate space to bring people together in some communities**
- **Lack of social support for Asylum Seekers and Refuges.**

38 The group has a strong view that they are not being listened to and that they have insufficient influence:

> What we are trying to do here is create community cohesion but when you deal with higher up senior people they look down to you- our own people they treat you badly- that's the trend back home- their attitude is we don't have the time but till we change that attitude we won't change health services in this country to benefit us. (Voluntary Project Worker Tameside)

MIND is the only local mental health agency. They have been engaging with members of the reference group to learn how to make their services more accessible to people from black and minority ethnic communities.

Tameside African Refugee Association (TARA) provide immigration advice but due to a lack of capacity and office space they are unable to respond to the wider social and emotional needs of their communities.

Another organisation was holding drop-in sessions for Asylum Seekers and Refugees it was run by volunteers but they couldn't get any funding for tea and coffee so it folded.

The group also reported that the Social Services team working with Asylum Seekers and Refugees will close down shortly.

Final Comment

This major piece of work is essentially a review of voluntary and community sector mental health services for black and minority ethnic communities in Greater Manchester. It draws together evidence from a wide range of people involved in the field, including commissioners, paid workers, volunteers, and users of services.

The findings section of this report quotes extensively from many hours of filmed interviews. The key messages have been drawn out and used as the basis for a clear set of recommendations for action to develop sustainable mechanisms for building on the considerable knowledge, expertise and experience of organizations and individuals.

The accompanying DVD forms a powerful testimony, in service users' own voices, to the value of existing services. It makes a compelling case for retaining and strengthening the low key but crucial services that can contribute beyond all proportion to improving quality of life of individuals who so often find themselves disadvantaged and forgotten.

John Butler
Manchester Alliance for Community Care
May 2008

Appendix 1 Glossary

- **Commissioning**

  This is a broad concept and there are many definitions. The Department of Health has stated that commissioning is the means by which we secure the best value for local citizens and taxpayers i.e. the best possible health and wellbeing outcomes, and health and social care provision, within the resources available. It is an on-going process that applies to all services, whether they are provided by the local authority, NHS, other public agencies, or by the independent sector.

  Most definitions of commissioning paint a picture of a cycle of activities at a strategic level concerned with whole groups of people - including:
  - assessing the needs of a population;
  - setting priorities and developing commissioning strategies to meet those needs in line with local and national targets;
  - securing services from providers to meet those needs and targets;
  - monitoring and evaluating outcomes; and
  - the above combined with an explicit requirement to consult and involve a range of stakeholders, patients/service users and carers in the process.

  This definition is taken from The North West Commissioning Roadmap.

  For more information go to **www.northwestroadmap.org.uk**

- **Health Commissioning Project**

  This is a groundbreaking project which seeks to develop health partnerships across Greater Manchester commenced in mid-October 2007 at GMCVO. The broad aim of the work is to embed voluntary and community sector service provision into the Greater Manchester health agenda and to ensure the commissioning process is informed from a voluntary and community sector perspective.

  This will be realised through achieving the following objectives:
  - Building positive partnerships
  - Informing commissioning
  - Supporting commissioning
  - Supporting localities

  For more information on the Health Partnership Project, contact Neil Walbran on 0161 277 1036 or at neil.walbran@gmcvo.org.uk.

- **Community Development Workers (CDWs)**

The aim of introducing CDWs is to enable greater understanding and ownership of the issues facing people from black and minority ethnic communities so that real improvement takes place in the commissioning and provision of mental health services across the full age range.

CDWs will work to ensure full participation and greater ownership in the development of effective health and social care with black and minority ethnic communities themselves recognising their experiences and reflecting their aspirations.

The role of the CDW may well vary according to local community needs but according to the Department of Health's Policy DoH Policy Implementation Guidance, there are likely to be four key functions defining any CDW role. These are:

- **Change Agent**—identifying gaps; developing innovative practice;
- **Service Developer**—promoting joint working, education and training;
- **Capacity Builder—**in black and minority ethnic communities and;
- **Access Facilitator—**to services; community resources; overcoming language and cultural barriers.

Appendix 2: Who was involved in this project?

- This project forms part of the **Care Service Improvement Partnership's** wider Delivering Race Equality agenda which is led by The North West Race Equality Lead, Manjeet Singh. Manjeet is from the NHS Care Services Improvement Partnership North West (CSIP NW). CSIP commissioned Manchester Alliance for Community Care to deliver this specific piece of work.

- **Manchester Social Media** (formerly part of 'Having a Voice', which is a Manchester based service-user led organisation) is a social enterprise which uses a range of media to assist community groups with their communication. Paul Ripley and Daniel Smith carried out all aspects of producing the DVD which accompanies this report.

  For more information go to www.manchestersocialmedia.co.uk

- **Herunic Communications** is the consultancy run by Helen Nicolson. Helen provided support with editing and structuring this report.

In addition to CSIP, MACC and Manchester Social Media, the Steering Group includes representatives from:

- **Black Health Agency**
- **Bolton Association and Network of Drop-ins (BAND)**
- **Greater Manchester Centre for Voluntary Organisation (GMCVO)**
- **Trafford Borough Council**
- **Manchester City Council**
- **NHS Mental Health Commissioners.**

Appendix 3: About MACC

Manchester Alliance for Community Care (MACC) is a voluntary sector development agency which, for over 20 years, has been working to reduce inequalities in health and social care and wellbeing across Manchester.

Broadly our work includes

- challenging both statutory and voluntary sectors to design and deliver services which address the rights, needs and wishes of individuals rather than the ability of organisations to deliver them

- the development of the capacity of local voluntary and community groups to identify unmet needs and to work to meet this need, through building up the skills base of the individuals inside these organisations.

- supporting networks of local voluntary and community groups to enable them to be a mechanism for developing collaborative work across the sector

- encouraging and enabling participation by the voluntary and community sectors in the planning and decision making structures which shape the health and social care economy in Manchester and to provide a conduit for this participation.

- promoting understanding of inequalities in health, social care and wellbeing and the role of the voluntary and community sectors in addressing them

Manchester Alliance for Community Care
Swan Buildings
20 Swan Street
Manchester
M4 5JW

Tel: 0161 834 9823
Fax: 0161 832 2352
Email: info@macc.org.uk

Further information about our work can be found on our website
www.macc.org.uk

June 2008

Manchester Alliance for Community Care

For further information about our work, please visit our website
www.macc.org.uk